



# NEVADA STATE BOARD OF COSMETOLOGY

*Las Vegas Office*  
1785 E. Sahara Avenue, Suite 255  
Las Vegas, Nevada 89104  
702.486.6542

*Reno Office*  
4600 Kietzke Lane-Building 0, Suite 262  
Reno, Nevada 89502  
775.688.1442

[www.cosmetology.nv.gov](http://www.cosmetology.nv.gov)

## PROOF OF WORK EXPERIENCE

*To be completed by salon owner/manager*

### Note the following:

- Altered forms will not be accepted
- You cannot validate your own work
- Relatives may not validate your work

I certify that \_\_\_\_\_ (licensee name) practiced/rented in my salon as a  
\_\_\_\_\_ (type of position held).

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

The name of my business is \_\_\_\_\_

Business address is (include street address, city, state, ZIP) \_\_\_\_\_  
\_\_\_\_\_

My name is \_\_\_\_\_ Phone number \_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
*Signature of salon owner/manager*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Notary*

\_\_\_\_\_  
*Date*

County of \_\_\_\_\_

State of \_\_\_\_\_



Affix notary seal here

Please note: The above work experience is for the sole use of the Nevada State Board of Cosmetology. Its purpose is to prove that the named licensee has met the work experience requirements which have been set forth.

***This form must be returned to the applicant. Nevada State Board of Cosmetology will not hold these forms.***